

AO 435 AZ Form (Rev. 10/2018)		Administrative Office of the United States Courts  <b>TRANSCRIPT ORDER</b>		<b>FOR COURT USE ONLY</b> <b>DUE DATE:</b>	
1. NAME Darrel M. Bow		2. PHONE NUMBER 540-623-4911		3. DATE 09/13/2022	
4. FIRM NAME					
5. MAILING ADDRESS 10034 Tarrington Way		6. CITY Spotsylvania		7. STATE VA	8. ZIP CODE 22551
9. CASE NUMBER 2:22-cv-00677-JJT		10. JUDGE Tuchi		DATES OF PROCEEDINGS 11. July 21, 2022 9am	
13. CASE NAME Lake and Finchem vs Hobbs, et al.		14. Courtroom 505		15. STATE AZ	
16. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)					
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input checked="" type="checkbox"/> TESTIMONY (Specify) July 21, 2022	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				OFFICIAL TRANSCRIPT	
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY	
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)	
7 DAYS(expedited)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> ASCII (e-mail)	
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS bowdmc@yahoo.com	
19. SIGNATURE s/ Darrel M. Bow				<b>NOTE: IF ORDERING MORE THAN ONE FORMAT,          THERE WILL BE AN ADDITIONAL CHARGE.</b>	
20. DATE 09-13-2022					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED	DATE	BY	PROCESSED BY	PHONE NUMBER	
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES		
TRANSCRIPT RECEIVED			LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		

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